

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application: Scott Sullivan
Serial Number: 10/660,276
Filed: September 11, 2003
Title: Pill Printing and Identification
Attorney Docket: C2
Customer No: 26345

Art Unit: 2876
Examiner:
Confirmation No:

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AMENDMENT

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Please amend the above identified application as follows:

Amendments to the Claims are reflected in the listing of the claims which begin on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

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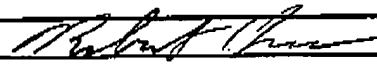
PTO/SB/21 (02-04)


Approved for use through 07/31/2006. OMB 0851-0031

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	Filing Date	September 11, 2003	
	First Named Inventor	Scott Sullivan	
	Art Unit	2876	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	C2

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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Robert J. Hess	
Signature		
Date	August 13, 2004	

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